

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032505

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8216

STATE FILE NUMBER

FILED AUG 31 1962

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. Louis

Length of stay in 1b

30 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE

Mo.

b. COUNTY

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

4263 Norfolk

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

4263 Norfolk

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Alois

Happe

4. DATE OF DEATH

Month

Day

Year

8-21-62

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-13-07

9. AGE (last birthday)

54

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Butcher

10b. KIND OF BUSINESS OR INDUSTRY

Packing House

11. BIRTHPLACE (City and state or country)

Germany

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Unk.

13b. MOTHER'S MAIDEN NAME

Unk.

14. NAME OF HUSBAND OR WIFE

— 0 —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Jas. Wilson Wise 4970

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Insufficiency

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chronic Myocarditis

DUE TO (c)

420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to

and last saw her alive on

Death occurred at

11:35 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Helen L. Taylor, Coroner

22b. ADDRESS

1300 Clark Ave.

22c. DATE SIGNED

8-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

8-24-62

23c. NAME OF CEMETERY OR CREMATORY

Resurrection

23d. LOCATION (City, town, or county)

St. Louis, County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Rowland - Ogle, 4106 Mandes

25. DATE RECD. BY LOCAL REG.

AUG 23 1962

26. REGISTRAR'S SIGNATURE

Karl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300
Rev. 4/59

1

2 218

3

4 0

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12 90-3

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90

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Phillip H. Ogden

Licensed Embalmer No. 5170

P. O. Address 4106 Manchester

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

(10)